



# Statement of Dissolution

## FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

**FILED**  
**JUL 18 2018**

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Report Status (check one)

Name of Candidate or Elected Official, or Political Committee <b>CRAIG LIGGAN</b>			
Office Sought or Held (include district or circuit number, if applicable) <b>GADSDEN CITY COUNCILMAN DISTRICT 4</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>108 DALEHAVEN PLACE</b>			
City <b>GADSDEN</b>	State <b>AL</b>	ZIP Code <b>35901</b>	Telephone Number <b>256-393-2505</b>

- No report required because I have had no activity since the last reporting period
- Termination report attached

**Note:**  
If you have had activity since the last report filed, you are responsible for filing the requisite **Annual Report** covering the last year of activity. However, the submission of a **Termination Report** along with the **Statement of Dissolution** will satisfy this requirement.

This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the 18<sup>th</sup> day of July in the year 2018.

Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:

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As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.

*Craig Liggan* | 7/18/18  
Signature of Candidate or Elected Official, or Chairperson or Treasurer of Political Committee | Date

ANNUAL



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

**Candidate & Elected Official  
Campaign Finance Report  
SUMMARY FORM 1A**

**FILED**

JUL 18 2018

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Craig Liggan</b>		Political Party/Ballot Affiliation <b>N/A</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Gadsden City Councilman</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>108 Dalehaven Pl</b>			
City <b>Gadsden</b>	State <b>AL</b>	ZIP Code <b>35901</b>	Telephone Number <b>256-393-2505</b>

Calendar Year covered by this report. **2018**

Amended Annual Report  
 Termination Report

Total Pages in Report Include this page in your count.

**SECTION I - Summary of activity from last filed report through December 31 of reporting year**

1	Beginning balance (ending balance from previous filing)		1	<b>0</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<b>0</b>	
2b	Non-itemized cash contributions	2b	<b>0</b>	
2c	Total cash contributions (add lines 2a and 2b)	2c		<b>\$0.00</b>
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>0</b>	
3b	Non-itemized in-kind contributions	3b	<b>0</b>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<b>\$0.00</b>
<b>Receipts from Other Sources</b>				
4a	Total itemized receipts from other sources (total from Form 4)	4a	<b>0</b>	
4b	Total non-itemized receipts from other sources	4b	<b>0</b>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c		<b>\$0.00</b>
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<b>0</b>	
5b	Non-itemized expenditures	5b	<b>0</b>	
5c	Total expenditures (add lines 5a and 5b)	5c		<b>\$0.00</b>
<b>Expenditures on Line of Credit</b>				
6a	Itemized expenditures on line of credit (total from Form 6)	6a	<b>0</b>	
6b	Non-itemized expenditures	6b	<b>0</b>	
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		<b>\$0.00</b>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7		<b>\$0.00</b>

**SECTION II - Summary of activity for entire reporting year - January 1st through December 31st**

8	Beginning balance (as of January 1 of reporting year)	8	<b>0</b>
9	Total cash contributions for year	9	<b>0</b>
10	Total in-kind contributions for year	10	<b>0</b>
11	Total receipts from other sources for year	11	<b>0</b>
12	Total expenditures for year	12	<b>0</b>
13	Total expenditures on line of credit for year	13	<b>0</b>
14	Ending balance (add lines 8, 9, & 11, then subtract line 12)	14	<b>\$0.00</b>
15	Total campaign debt (total debt owed as of December 31)	15	<b>0</b>

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Sworn to and subscribed before me this 18<sup>th</sup> day of July of the year 2018. My commission expires the 3 day of March of the year 2020.

Signature of Candidate or Elected Official

7/18/18  
Date

Signature of Notary Public

Jennifer Smith  
Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



**FORM 2: Contributions received by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Craig Liggan

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.  
DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								\$0.00

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Craig Liggan

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									SOURCE (CHECK ONE)	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation				Individual
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE												\$0.00		



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Craig Liggan

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.  
DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
<b>TOTAL RECEIPTS THIS PAGE</b>												\$0.00	



# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Craig Ligan

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$0.00	



**FORM 6: Expenditures On Line of Credit by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Craig Liggan

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE			
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION					
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$ 0.00			